

CHLORALAMID.

According to the *Glasgow Medical Journal*, Dr. Peterson (Lancet, October 26, 1889,) has tested this drug in fourteen cases of insomnia. There were four cases of simple sleeplessness, two being over sixty years of age. The results were most satisfactory, as they were in three cases of phthisis with profuse night sweats. The night sweats were checked in marked degree. In two cases of heart disease, doses of thirty grains gave fair rest, eased pain and relieved cough. Restlessness resulting from pain was but slightly benefited. The undesirable effects were giddiness, feeling of sickness, dryness of the mouth, and even slight delirium. Its action is not so rapid as that of chloral, sleep ensuing only in a half hour or an hour. The doses recommended are from thirty to forty-five grains for a man, and twenty to thirty grains for a woman. The absence of any depressing effect on the circulation makes it an invaluable agent in cases where there is any cardiac affection. This drug is also referred to by Dr. Leech, in the discussion on "Recently Introduced Hypnotics and Analgesias," in the last annual meeting of the British Medical Association. It is adapted to the sleeplessness of nervous people and those suffering from spinal disease, bronchial asthma, subacute rheumatism, and gastric disorders, unassociated with great pain. Dr. W. Hale White (British Medical Journal, December 14, 1889), has given chloralamid in twenty cases in which insomnia was a prominent symptom, with thoroughly satisfactory results with but two exceptions. Some of the patients were suffering from extremely painful diseases, yet the drug produced sleep, sometimes acting better than morphia. Its success was undoubted in cases of enteric fever, malignant disease, aneurism, nephritis, cardiac disease, ascites, erysipelas, rheumatic fever, eczema, phthisis, brachial monoplegia, and spastic paraplegia.

ASTHMA AS A NEUROSES.

The *Medical News* of Jan. 4, 1890, contains a suggestive paper with this title, by J. G. Carpenter. The author thinks that rheumatism and gout play an important rôle in asthma; and during sudden changes of weather or temperature, asthma, bronchitis, or some skin eruption may appear in the absence of a rheumatic or gouty attack. Uræmia, from diseases of the kidneys, may cause the most severe attacks of asthma. That this disease, so much more preva-

lent in childhood, is due, the author thinks, to improper management of the child at birth. Even within a half hour after its advent into this cold world, a rhinitis may be developed from undue exposure and the rapid evaporation from the body and the radiation of heat. The child starts in life with a cold, has continued recurrences, thereby establishing chronic or subacute catarrhal inflammation of the upper air passages, which its sequæ furnishes the most potent pre-disposition to asthma. Prognosis is good, if proper treatment is given before irreparable structural lesions have taken place. Asthma depends on three conditions: 1. Neurotic habit, as shown by Salter. 2. Diseases of other nasal mucous membrane. 3. Obscure conditions of the atmosphere. To Dr. Loomis the profession is indebted for the use of morphine as an antidote to uræmic poisoning. In complete coma, one-half to one grain injections have been given by him. He claims positive relief of distressing symptoms, and in addition: 1. to arrest muscular spasm by counteracting the effects of the uræmic poison on the nerve centres; 2. to establish free diaphoresis; 3. to facilitate the action of cathartics and diuretics, more especially the diuretic action of digitalis. In renal asthma morphine is a therapeutic remedy of the highest value. The writer believes it has a special effect—also belladonna—on the speno-palatine ganglion.

The speno-palatine ganglion supplies branches to the nose, throat, soft palate, and Eustachian tube. It possesses a sensory, motor, and sympathetic root; and is connected with the pneumo-gastric and facial nerves, and through its numerous connections an intimate sympathetic relation is established between the throat, nose, ear, larynx, trachea, and bronchial tubes. Removal of this ganglion causes a severe catarrhal condition of the nasal mucous membrane. This membrane is continuous with that which lines the eyelids and nasal duct, the throat, Eustachian tubes, the middle ear, larynx, trachea, and bronchial tubes. An irritation or congestion started in the nasal chambers may extend reflexly to the pneumo-gastric nerve, and cause asthma by bronchial spasm; or the irritation may be so great as to cause, in addition to asthma, acute or subacute catarrhal inflammation of the upper air passages and bronchial tubes. Opium and its preparations and belladonna have a specific effect in allaying irritation and checking inflammation and secretion in the upper air-passages by acting on the nerve centres, and are highly important not only during paroxysms of asthma, but in the intervals to assist local treatment in allaying chronic irritations and congestions. In

connection with quinine and *nux vomica*, they exert a powerful tonic influence on the vaso-motor nervous system. In tonic doses thrice daily, they prevent the return of asthma while the intra-nasal disease is being cured locally. Nitroglycerine has an important place during the paroxysm and in the intervals of respite. Chloral hydrate allays the attacks. When the paroxysms are violent and threaten life, chloroform is of great use.

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DIPSOMANIA.

T. S. Clouston, M.D., F.R.C.P.E., in the "Edinburgh Medical Journal," for February, 1890, continues his communications on the subject of "Diseased Cravings and Paralyzed Control," by treating of dipsomania, which he attempts to define. He first refuses to apply that name to those forms of mental disease in which an intense craving for alcoholic drink is merely a prominent symptom, and deplores the careless use of that term by practitioners who apply it to such states and employ it inaccurately. Thus cases of simple coherent mania—that is, with distinct mental exaltation, insomnia, restlessness, talkativeness, changed habits, loss of common sense, morbid brilliancy of imagination, and hyperæsthetic memory—must not be called cases of dipsomania, though such patients may drink excessively, have all their symptoms aggravated by it, and have an intense craving to get it. He also cited a case of *folie circulaire*, in which the phase of exaltation always began after abuse of ardent spirits, which he craved and obtained at all hazards as long as it was possible to do so; yet this was not true dipsomania.

In simple melancholia, in epilepsy, in many cases of mild dementia, there are often manifested quite uncontrollable longings for drink, as also in some cases of delusional insanity, paranoia, and general paresis, and even in rarer cases of softening of the brain, tumors, cerebral syphilis, in which a craving for alcohol was one of the earlier symptoms. Drink-craving with loss of control is sometimes one of the early signs of the break-down of senility. But a dipsomaniac, while he remains a pure case of that disease, has no systematized delusions, no amnesia, and no motor symptoms, and has seldom strong suicidal or homicidal impulses. The greatest difficulty in the diagnosis of dipsomania is to distinguish it from drunkenness, in which, however, the control is not paralyzed, but simply not exercised; whereas, in true dipsomania, the power of control is abolished. It is therefore a form of diseased craving or impulse, with paralyzed—wholly or partially—inhibition, and may be divided into four classes: